



UGC-MALAVIYA MISSION TEACHER TRAINING CENTRE ANDHRA UNIVERSITY :: VISAKHAPATNAM :: (AP)



Application Form

This applicant is valid for the current financial year only)



Name of the Course _____

1. Full Name of the Teacher (in Block Letters) :
2. (a) Designation (b) Subject : (a).....(b).....
3. Name of the College & Address :
4. Name of the Affiliation University :
5. Permanent Address :
6. Date of Birth :Gender
7. Community (SC/ST/BC/OBC) :
8. Date of Joining in the Degree College* /University Service (give details of service particulars) :
9. Teaching Experience (Graduation / Post-graduation) :
10. a) Subjects Taught :
- b) Area of Specialization :
11. Whether the College is admitted under 2(f) 12B of U.G.C. :
12. Title of your proposed seminar paper to be submitted at the Staff College :
13. Relevance of this course (promotion / CAS / Improve Teaching) :
- No. of courses attended previously :
- Orientation Course : i)
- Refresher Course / Need based : ii)
14. (give details of the dates and place) iii)
15. Whether accommodation is required in the Transit Hostel (No allowance will be paid if stayed outside the Transit Hostel) :

Declaration

I hereby declare that all information furnished in this application is true, complete and correct to the best of my knowledge. I understand that in the event of any information being found false, incomplete or incorrect, my application / admission is liable to be rejected / cancelled.

Signature of the Applicant

The candidate will be relieved for the course when selection is made

Signature of the Principal
With Seal

The Principal and the applicant will be held responsible with regard to the date of joining and service particulars given in the application.

Encl: College ID Card Proof of the Participant